

Form BR

Uniform Branch Office Registration Form

GENERAL INSTRUCTIONS

The Uniform Branch Office Registration Form (Form BR) is the form used for branch office registration, notification, *closing* or *withdrawal*. Broker-dealers and investment advisers must use this form to register or notice file their branch offices in the appropriate *jurisdictions* and/or with SROs. These instructions apply to the filing of Form BR electronically with the Central Registration Depository ("CRD®"). Filers submitting paper filings should read the Special Instructions For Paper Filers (*Jurisdictions* Only) in conjunction with the other instructions to the form. In addition, paper filers should contact the appropriate *jurisdiction* for specific filing instructions or requirements.

Filers must answer all questions and submit all requested information, unless otherwise directed in the Specific Instructions. The questions in Section 6 (NYSE Branch Information) are required to be completed only by applicants that are seeking registration, or are currently registered, with the New York Stock Exchange (NYSE).

Upon request, you may be required to provide documents to clarify or support responses to the form.

An *applicant* is under a continuing obligation to promptly update Form BR whenever the information becomes inaccurate or incomplete. Amendments must be filed electronically (unless the filer is an approved paper filer) by promptly updating the appropriate section of Form BR. **Note: The SROs and most *jurisdictions* require that an amendment be filed not later than 30 days after the *applicant* learns of the facts and circumstances giving rise to the amendment.**

NYSE and some *jurisdictions* require approval of a branch office before business can be conducted at a branch location.

Contact the appropriate SRO or *jurisdiction*, if you have questions about Form BR.

Electronic Filing Instructions

A complete Form BR is required when the *applicant* is registering or notice filing a branch office with the CRD system for the first time. All questions must be answered and all sections/fields requiring a response must be completed before the filing will be accepted. Section 6 (NYSE Branch Information) is required to be completed only by *applicants* that are seeking registration, or are currently registered, with NYSE. The *applicant* must complete Section 9 (Signature) to certify that Form BR and amendments thereto have been executed properly and that the information contained therein is accurate and complete. To amend information, the *applicant* must update the appropriate Form BR sections. A signed copy, with original signatures, of the initial Form BR filing and amendments thereto must be retained by the *applicant* and be made available for inspection upon a regulatory request.

Special Instructions For Paper Filers (*Jurisdictions* Only)

Some *jurisdictions* may require a separate paper filing of Form BR. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements. Attach Section 9 (Signature) with original manual signatures to an initial Form BR filing. Type applicable information. Provide the name of the *applicant* and the date on each page. Use only the current version of Form BR, or a reproduction of the form. For an amendment to Form BR, circle the number of any item for which you are changing your response. Complete Section 9 (Signature) for all amendment filings.

The Sections of Form BR are as follows:

1. GENERAL INFORMATION
2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE
3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES
4. BRANCH OFFICE ARRANGEMENTS
5. ASSOCIATED INDIVIDUALS
6. NYSE BRANCH INFORMATION
7. BRANCH CLOSING
8. BRANCH WITHDRAWAL (PENDING APPLICATION)
9. SIGNATURE

EXPLANATION OF TERMS

The following definitions apply to terms that are italicized in Form BR.

APPLICANT – The broker-dealer or state registered investment adviser filing or amending this form.

APPROPRIATE SIGNATORY – The individual the *applicant* authorizes to execute the *applicant's* Form BR on the *applicant's* behalf. The *appropriate signatory* must meet the criteria established, if any, by the appropriate *self-regulatory organization* and/or *jurisdiction*.

CLOSING – An *applicant's* request to terminate a branch office registration when an *applicant* intends to cease, or has ceased, operations at a branch office.

INVESTMENT-RELATED - Pertains to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

OFFICE OF SUPERVISORY JURISDICTION (OSJ) – A location as defined by NASD Rule 3010.

PERSON – An individual, partnership, corporation, trust, or other organization.

PERSON-IN-CHARGE – A natural person registered with an SRO who is physically located at the branch office and who has been designated by the *applicant* to supervise the activities of the individuals working at the branch office. The *person-in-charge* is not required to be registered in a principal capacity.

REGULAR BRANCH – For purposes of registering with the New York Stock Exchange (NYSE) as a branch office, a location that has an NYSE-properly approved, exam-qualified manager at that location.

SELF-REGULATORY ORGANIZATION (SRO) – Any national securities or commodities exchange or registered securities association, or registered clearing agency.

SMALL BRANCH – For purposes of registering with the NYSE as a branch office, a location that does not have an NYSE-properly approved, exam-qualified manager at that location.

SUPERVISOR – A natural person registered in a principal capacity with an SRO who is physically located at an OSJ or who, for purposes of registering with the NYSE as a branch office, meets the requirements in NYSE Rule 342.

WITHDRAWAL – An *applicant's* request to withdraw an initial Form BR filing prior to approval of the branch office identified in that filing. *Withdrawal* applies only for *jurisdictions/SROs* that register branches.

SPECIFIC INSTRUCTIONS

Completing the Form BR

1. GENERAL INFORMATION

Applicant CRD Number The *applicant's* CRD Number will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Applicant Name

The *applicant's* name will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Address Street 1/Street 2

The address where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

City

The name of the city where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

State

The name of the state where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Country

The country where the *applicant's* principal place of business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Postal Code

The postal code where the *applicant's* principal place of

business is physically located. This information will be prepopulated based on the information filed by the *applicant* on the Form BD or the Form ADV.

Firm Billing Code

Enter an optional firm branch designation established by the *applicant*. A firm billing code consists of up to eight alpha/numeric characters. If the *applicant* does not use billing codes, leave this field blank.

NYSE Branch Code Number

A mandatory number selected by the *applicant*, unique to each of its locations, to identify an *applicant's* branch office. The NYSE Branch Code Number can be up to fifteen alpha/numeric characters, and may be the same as the Firm Billing Code.

CRD Branch Number

The CRD branch number is assigned by the CRD system to identify an *applicant's* branch office. If your branch office or office of employment does not have a CRD branch number, leave this field blank.

Branch Address Street 1/Street 2

Enter the address where the branch office is physically located. A complete address must be furnished. Post office boxes are not acceptable. You may enter additional identifying information in Branch Address Street 2, if necessary. Note: If *applicant* files a Form BR amendment to relocate this branch to another state, the amendment filing represents *applicant's* acknowledgement that it is *closing* the branch in the current state. In addition, if *applicant* is relocating this branch to a state that requires branch registration or notice filing, the amendment filing represents *applicant's* acknowledgement that it is requesting branch registration or notice filing in that state.

City

Enter the name of the city where the branch office is physically located.

State

Enter the state where the branch office is physically located.

Country

Enter the name of the country where the branch office is physically located.

Postal Code

Enter the postal code where the branch office is physically located.

Branch Telephone Number

Enter the telephone number of the branch office.

Branch Facsimile Number

Enter the facsimile number of the branch office.

Private Residence Check Box

Check this box if the Branch Address is a private residence.

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE

Register/Notice File Branch with SRO/Jurisdiction

The CRD system will populate the applicable SRO and/or jurisdiction with which you may be required to register or notice file the branch office based on the *applicant's* current registrations. If *applicant* is not required to register or notice file the branch office with an SRO and/or jurisdiction that has been populated, you may remove that registration request. If you remove the NYSE registration request, you must also select the box to acknowledge there is no registration requirement for this branch under NYSE rules. Note: If *applicant* files a Form BR amendment to relocate this branch to another state, the amendment filing represents *applicant's* acknowledgement that it is *closing* the branch in the current state. In addition, if *applicant* is relocating this branch to a state that requires branch registration or notice filing, the amendment filing represents *applicant's* acknowledgement that it is requesting branch registration or notice filing in that state.

Type of Branch Office

If you are registering or notice filing this branch with a *jurisdiction*, select the type of registration/notification you are seeking: Broker-dealer and/or Investment Adviser.

NASD Office of Supervisory Jurisdiction

Answer "yes" if this branch office is an NASD *Office of Supervisory Jurisdiction* (OSJ). If this branch office is not an NASD OSJ, indicate the CRD branch number, or firm billing code, for the OSJ that has supervisory responsibility for this branch, and the CRD Number for the supervisor in charge of that OSJ.

NYSE Type of Office

Select the type of office as required by NYSE Rule 342. If *small branch* is selected, indicate the CRD branch number, NYSE branch code number or firm billing code of the location from which the branch is supervised, and the supervisor's CRD number.

Supervisor/Person-in-Charge

Select the *supervisor(s)* or *person(s)-in-charge* who will supervise the activities at the branch office. Enter the name and/or CRD# of all *supervisors/persons-in-charge* of the branch office.

3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITES**Types of Activities**

Indicate at least one type of financial industry activity conducted by the *applicant* at this office. Indicate whether any associated person conducts, at this branch, *investment-related* activities in addition to the activities indicated by the *applicant* in the above question.

Other Business Names

Enter all other names under which *investment-related* activities will be conducted by associated persons at this branch, other than those names disclosed on *applicant's* Form BD and/or Form ADV.

Website Addresses

Enter all website addresses used by this branch, other than the primary website address used by the *applicant*.

4. BRANCH OFFICE ARRANGEMENTS

Indicate whether the branch office will have an office sharing arrangement by answering the questions and providing any details if necessary in this section.

5. ASSOCIATED INDIVIDUALS

Initial Filings Only: Enter the name and/or CRD# of all registered individuals, other than the *supervisor(s)/person(s)-in-charge* listed in Section 2 (Registration/Notice Filing/Type of Office), who will be associated with the branch office upon the opening of the branch office.

Note: This section will appear and be required to be completed only for initial branch office filings. To associate a registered individual with a branch office after the initial branch office filing, update the office of employment address on that individual's Form U4.

6. NYSE BRANCH INFORMATION**THIS SECTION SHOULD BE COMPLETED ONLY FOR NYSE BRANCH REGISTRATION****Anticipated Date of Opening**

This item will only be completed for initial filings. Enter the month, day, and year the branch office is anticipated to open and provide an explanation if the date is prior to the date of application for registration.

Estimated Cost of Opening and Equipping Office

This item will only be completed for initial filings. Indicate whether or not the estimated cost of opening and equipping this office is over 10% of the *applicant's* most recent excess net capital. The *applicant's* most recent excess net capital should be based on the most recently filed FOCUS report. If "yes", enter the estimated cost of opening and equipping this office.

Estimated Number of Active Accounts

This item will only be completed for initial filings. Enter the estimated number of active accounts.

Branch Office Acquired from Another Broker-dealer or Other Financial Institution

This item will only be completed for initial filings. Indicate whether this branch office was acquired from another broker-dealer or other financial institution. If "yes", enter the name of the organization and date of the transaction.

On-Site Supervisor/Person-In-Charge

Enter the CRD# of the individual who is responsible for the supervision of business at this location.

Options Business

Indicate whether options business will be conducted from this location. If "yes", enter the CRD# of the individual who is responsible for the supervision of options business at this location.

Research and Investment Banking Business

If both research and investment banking activities are selected under Section 3 (Types of Activities/Other Business Names/Websites), indicate whether the *applicant* has information barriers in place.

Location of Books and Records (if maintained elsewhere)

Enter the address of the location where the books and records for this branch office will be maintained, if other than the branch or the main office.

Address Street 1/Street 2 where NYSE Certificate should be sent

Enter the name and address where the certificate for the branch office should be sent, if different from the branch office address. You may enter additional identifying information in Office of Employment Address Street 2, if necessary.

City

Enter the name of the city where the certificate for the branch office should be sent.

State

Enter the state where the certificate for the branch office should be sent.

Country

Enter the country where the certificate for the branch office should be sent.

Postal Code

Enter the postal code where the certificate for the branch office should be sent.

NYSE Bulletin

Indicate whether the branch office should be listed in the NYSE Bulletin.

NYSE Space Sharing

Enter the name of the entity and CRD number, if applicable, with whom the NYSE member or member organization *applicant* intends to share space. Select the type of arrangement, related to the specific entity, under which the *applicant* is seeking approval by checking the applicable box(es). Enter the floor number on which the proposed office sharing arrangement will be located. Comments are required to

be entered in the available comment field when at least one of the available arrangement sections are incomplete. Comments will not be allowed when any of the arrangement sections are complete. If multiple space sharing arrangements are intended by the *applicant*, this section is to be answered for each separate entity with information specific to each arrangement.

7. BRANCH CLOSING

If you are closing a branch office registered with an SRO or jurisdiction, complete the following information.

Select the type of registration you are terminating: Broker-dealer and/or Investment Adviser.

Date operations ceased, or will cease, at the branch office

Enter the month, day, and year the branch closed or intends to close.

Location of Books and Records

Address Street 1/Street 2

Enter the address of the location (or locations, if more than one) of the books and records for the branch office.

City

Enter the name of the city of the location (or locations, if more than one) of the books and records for the branch office.

State

Enter the state of the location (or locations, if more than one) of the books and records for the branch office.

Country

Enter the country of the location (or locations, if more than one) of the books and records for the branch office.

Postal Code

Enter the postal code of the location (or locations, if more than one) of the books and records for the branch office.

Contact Name and Telephone Number

Name

Enter the name of the individual that can be contacted regarding information on the books and records for the branch office.

Daytime Telephone Number

Enter the daytime telephone number of the individual that can be contacted regarding information on the books and records for the branch office.

8. BRANCH WITHDRAWAL

If you are withdrawing a pending application, complete the following information:

Date of Withdrawal

Enter the month, day, and year of *withdrawal*.

Reason for Withdrawal

Enter the reason for *withdrawal*.

Contact Name and Telephone Number

Name

Enter the name of the natural person that can be contacted regarding information on the *withdrawal* of this branch office.

Daytime Telephone Number

Enter the daytime telephone number of the individual that can be contacted regarding information on the *withdrawal* of this branch office.

9. SIGNATURE

Please Read Carefully

All signatures required on this Form BR filing must be made in this section. A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is affected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry

constitutes in every way, use, or aspect, his or her legally binding signature.

Signature of Appropriate Signatory. Enter the name of the *Appropriate Signatory*. The name must be typed or printed (if paper filing) as it appears in signature form. By typing a name in this field, the signatory acknowledges that this entry constitutes in every way, use, or aspect, his or her legally binding signature.

Name/Title/Telephone Number of Person Filing the Form. Enter the name, title, and telephone number of the person filing the form.

Date. Enter the month, day, and year that the application or amendment is being signed. Future dates may not be entered in this section.

FIRM NAME:

CRD #:

1. GENERAL INFORMATION

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer or investment adviser would violate the federal securities laws, *self-regulatory organization* rules, and the laws of the *jurisdictions*, and may result in disciplinary, administrative, injunctive, or criminal action.

Applicant CRD#:

Name and principal place of business of firm filing this form:

Applicant Name:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Firm Billing Code (Firm Branch Designation):

NYSE Branch Code Number:

CRD Branch Number:

Branch Office Location:

Branch Address Street 1:

Branch Address Street 2:

City:

State:

Country:

Postal Code:

By filing this amendment to relocate this branch from, and/or to, a state that requires registration or notice filing of branch offices, *applicant* acknowledges that it is *closing* the branch in _____ [and requesting branch registration or notice filing in _____].

Private Residence Check Box: If this address is a private residence, check this box.

Branch Telephone Number:

Branch Facsimile Number:

FIRM NAME:

CRD #:

2. REGISTRATION/NOTICE FILING/TYPE OF OFFICE**Register/Notice File Branch with SRO/Jurisdiction:**

NASD

NYSE

Jurisdiction: _____

By filing an amendment to relocate this branch to another state, *applicant* acknowledges that submission of this amendment closes this branch in _____ [and requests branch registration in _____] [and requests notice filing in _____].

By unchecking NYSE registration and checking this box, *applicant* attests that it is not required under NYSE rules to register this branch location with the NYSE.

Type of Branch Office Registration: Broker-Dealer Investment Adviser

Is this an NASD Office of Supervisory Jurisdiction (OSJ)? Yes No

If not, indicate the CRD branch number, or firm billing code, for the OSJ that has supervisory responsibility for this branch, and the CRD Number of the supervisor in charge of that OSJ:

CRD Branch Number:

Firm Billing Code (Firm Branch Designation):

OSJ Supervisor CRD Number:

NYSE Type of Office: Small Branch Regular Branch

If this is an NYSE *Small Branch*, indicate the CRD branch number, NYSE branch code number or firm billing code of the location from which this branch is supervised, and the supervisor's CRD number:

CRD Branch Number:

NYSE Branch Code Number:

Firm Billing Code (Firm Branch Designation):

Supervisor CRD Number:

Enter the name and/or CRD# of each supervisor(s)/person(s)-in-charge:

Name:	CRD Number:	Person-In-Charge Supervisor	Delete
Name:	CRD Number:	Person-In-Charge Supervisor	Delete
Name:	CRD Number:	Person-In-Charge Supervisor	Delete

FIRM NAME:

CRD #:

3. TYPES OF ACTIVITIES/OTHER BUSINESS NAMES/WEBSITESIndicate the types of financial industry activities conducted by the *applicant* at this branch (Check all that apply):

Sales

Investment Advisory Services

Investment Banking

Research

Market Making

Back Office Operations

Underwriting

Does any associated person conduct, at this branch, *investment-related* activities in addition to the activities indicated above?: Yes No

If yes, provide description:

Will any associated person of this branch office conduct any *investment-related* activities at this branch office under any name other than those names disclosed on the *applicant's* Form BD or Form ADV?: Yes No

If yes, provide all other business names for this location:

Name:	Delete
Name:	Delete
Name:	Delete

Does this branch office use a website other than the primary website address used by the *applicant*?: Yes No

If yes, provide the website address(es):

Website Address:	Delete
Website Address:	Delete
Website Address:	Delete

FIRM NAME:

CRD #:

4. BRANCH OFFICE ARRANGEMENTS

Does the branch office occupy or share space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository institution?: Yes No

If yes, enter the name of the institution(s):

Name:

Name:

Name:

Is this a business location that will operate pursuant to a written agreement or contract (other than an insurance agency agreement) with the main office?: Yes No

If yes, provide the name(s) of the entity(ies) and/ or *person(s)* with whom the agreement or contract was entered:

Entity:

Entity:

Entity:

Will the branch office have primary responsibility for decisions relating to the employment and remuneration of its registered representatives?:
Yes No

Does the branch office assume liability for its own expenses?: Yes No

Does any *person* other than the *applicant* have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?: Yes No

If yes:

(1) Provide the following information for each entity or *person* responsible for expenses or with a financial interest:

Name:	Firm Individual	CRD #:	Registered: Yes No	EIN:	Delete
Name:	Firm Individual	CRD #:	Registered: Yes No	EIN:	Delete
Name:	Firm Individual	CRD #:	Registered: Yes No	EIN:	Delete

(2) Provide an explanation of the expense payment/financial interest arrangement:

FIRM NAME:

CRD #:

5. ASSOCIATED INDIVIDUALS

Complete this section for initial filings only.

List all registered individuals other than the *supervisor(s)/person(s)-in-charge* that will be associated with this branch:

Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
Individual Name:	CRD #:
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FIRM NAME:

CRD #:

6. NYSE BRANCH INFORMATION

NYSE Rule 342(c) requires prior consent of each branch office location with each such location having a qualified person-in-charge acceptable to the NYSE.

Complete the items in this section for initial filings only.

1. Anticipated Date of Opening:

If Anticipated Date of Opening is prior to the date the application is filed, explain:

2. Is the estimated cost of opening and equipping this branch office greater than 10% of the *applicant's* most recent excess net capital?:

Yes No

If yes, enter the cost of opening and equipping the office: \$

3. What is the estimated number of active accounts to be serviced (if applicable)?:

4. Has this branch office been acquired from another broker/dealer or other financial institution?: Yes No

If yes, state the name of the organization:

Date of transaction:

Complete the following items on all filings:

5. Enter the CRD number of the on-site *Supervisor/Person-in-Charge* who is responsible for the supervision at this location:

6. Will Options Business be conducted from this location?: Yes No

If yes, enter the CRD number of the registered Options Principal (OP) or Branch Office Manager (BM) who is responsible for the supervision of the Options business:

7. If both the Research and Investment Banking activities are indicated on the activity section of this form answer the following question:

Does the *applicant* have information barriers in place?: Yes No

8. Other than the main office, are any of the records pertaining to this office maintained at any other location?: Yes No

If yes, provide the location(s):

Address:	Telephone Number:	Delete
Address:	Telephone Number:	Delete
Address:	Telephone Number:	Delete

9. Name and address where branch office certificates will be sent, if different from this branch office address:

Name:

Certificate Address Street 1:

Certificate Address Street 2:

City:

State:

Country:

Postal Code:

10. Is this office to be listed in the NYSE Bulletin?: Yes No

11. Will the office be shared with any other organization?: Yes No

If Yes, complete the "NYSE Office Space Sharing Form" to enter a description of how the arrangement will comply with NYSE Rule 343.

FIRM NAME:

CRD #:

NYSE Office Space Sharing Form - Rule 343

Rule 343:

No office or foreign incorporated branch of an NYSE member or member organization shall be jointly occupied with any other broker or dealer, investment advisor, or other person who conducts a securities or commodities business with the public unless such member or member organization submits, and receives NYSE approval of, an attestation that the office space sharing arrangement conforms with Rule 343.

6. NYSE BRANCH INFORMATION - OFFICE SHARINGName of Entity with whom the member or member organization *applicant* intends to share space:

Name:

CRD #:

A space sharing arrangement is permissible if it completely conforms to at least one of the four descriptions outlined in the sections listed below. If the arrangement does not comply with all provisions of any given section, check all applicable representations and include any additional extenuating circumstances which may warrant approval of the arrangement in the 'comments' dialogue box provided.

Select the type of arrangement under which the *applicant* is seeking approval by checking the applicable box(es).

1. As a clearing member organization we intend to furnish office space, telephone or other facilities to our introducing non-clearing member organization.

--or--

2. We understand that a member or member organization may share office space with a broker or dealer, investment advisor or other person who conducts a securities or commodities business with the public if certain conditions are met. Accordingly, we attest that:

the arrangement is not contrary to the rules of any *self-regulatory organization*; and

there is little or no customer traffic in the office of either organization; and

sufficient separation exists to enable customers who do visit to identify the individual or organization with which they are transacting business; and

employees can be clearly identified as to their respective employer; and

clearance has been obtained from the member organization's fidelity insurance carrier and auditors.

--or--

3. We understand that a member or member organization may share office space with another broker or dealer, investment advisor or other person who conducts a securities or commodities business with the public if certain conditions are met. Accordingly, we attest that:

such space is separated by ceiling-high solid walls; and

such space has direct access to a public hall, main corridor or street; and

the name of each organization is placed on the door to such space; and

there are no connecting doors or windows between the space to be jointly occupied; and

the names are not listed under the same telephone number, and the telephone number of the member is not used on the letterhead or on any advertising of any other member or non-member. (Also see Rule 36.60)

--or--

4. We intend to share office space with a person who is neither a broker nor a dealer, nor an investment advisor, nor a person who otherwise conducts securities or commodities business with the public.

The proposed office space-sharing arrangement will be located on floor #:

Additional Comments:

FIRM NAME:

CRD #:

7. BRANCH CLOSING

Date operations ceased or will cease at the branch office:

Location of Books and Records:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Address Street 1:

Address Street 2:

City:

State:

Country:

Postal Code:

Contact Name and Telephone Number:

First Name:

Last Name:

Daytime Telephone Number:

8. BRANCH WITHDRAWAL

Date of *Withdrawal*:Reason for *Withdrawal*:

Contact Name and Telephone Number:

First Name:

Last Name:

Daytime Telephone Number:

9. SIGNATURE

The undersigned certifies that he/she has executed this form on behalf of, and with the authority of, the *applicant*. The undersigned and the *applicant* represent that the information and statements contained herein, and all materials filed in connection with this form, are current, true and complete. The undersigned and the *applicant* further represent that to the extent any information previously submitted is not amended, such information is accurate and complete. False statements on this application or any amendment thereto shall constitute a violation of the rules of the applicable *SRO(s)* and/or *jurisdiction(s)*.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. The *applicant* or *applicant's* agent has typed the *applicant's* name under this section to attest to the completeness and accuracy of this record. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

Date (MM/DD/YYYY)

Name of Person Filing Form

Signature of Appropriate Signatory

Title of Person Filing Form

Telephone Number of Person Filing Form